

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-033534**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**8601**

STATE FILE NUMBER

**FILED AUG 29 1963**

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**22 yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **6011 Waterman**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**6011 Waterman Ave.**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

**Lucile**

Middle

**T. Coose**

Last

**4. DATE OF DEATH**

Month

**Aug**

Day

**25**

Year

**1963**

**5. SEX**

**Female**

**6. COLOR OR RACE**

**White**

**7. Married**

☒ Never Married ☐  
Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**

**Jan. 21, 08**

**9. AGE (last birthday)**

**55 yrs.**

**IF UNDER 1 YEAR**

Months Days Hours Min.

**IF UNDER 24 HR**

Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Secretary**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**Medical Co.**

**11. BIRTHPLACE** (City and state or country)  
**Jacksonville, Ill.**

**12. CITIZEN OF WHAT COUNTRY**  
**U.S.A.**

**13a. FATHER'S NAME**

**Charles F. Kehl**

**13b. MOTHER'S MAIDEN NAME**

**Myrtle Staples**

**14. NAME OF HUSBAND OR WIFE**

**Wilford Coose**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES**  
(Yes, no, or unknown) (If yes, give war or dates)  
**No.**

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

Address

**Wilford E. Coose, St. Louis, Mo.**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))  
**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

**DUE TO (c)**

**Carcinoma Left Lung**  
**163x**

**INTERVAL BETWEEN ONSET AND DEATH**

**6 mo**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☒ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**  
YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**  
Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION**

COUNTY

STATE

**21. I attended the deceased from** **16 May 63** **to** **25 Aug 63** **and last saw her alive on** **17 Aug 63**  
Death occurred at **10:42 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

**22b. ADDRESS**

**3720 Washington**

**22c. DATE SIGNED**

**8-25-1963**

**23a. BURIAL, CREMATION, REMOVAL** (Specify)

**23b. DATE**

**23c. NAME OF CEMETERY OR CREMATORY**

**23d. LOCATION** (City, town, or county)

(State)

**Burial** **8/28/63** **East Lawn Memorial Park, Mexico, Mo.**

**24. FUNERAL DIRECTOR**

ADDRESS

**Precht Funeral Home, Mexico, Mo.**

**25. DATE RECD. BY LOCAL REG.**

**AUG 26 1963**

**26. REGISTRAR'S SIGNATURE**

**Roal Smith, M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Delbert A. Eaker*

Licensed Embalmer No. 5231

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.